



Utah Department of Environmental Quality
Division of Solid and Hazardous Waste
Mailing Address: P.O. Box 144880, Salt Lake City, Utah 84114-4880

Annual Used Oil Handlers Report Off-Specification Burner Instructions

All used oil handlers must submit an annual report to the Division no later than **March 1st** for the previous calendar year's used oil activities.
(Separate forms must be used for **Processor/Re-refiner facilities** and **Transporters/Transfer Facilities**)

Please complete ALL applicable sections
If you have questions about how to complete this report,
call the Used Oil Program, (801) 538-6170

Part I. General Information

- Box A.** Please provide the company name and note if there are any changes in ownership in Part II below
- Box B.** Please provide name and title of current company contact
- Box C.** Please provide the company's mailing address
- Box D.** Please provide the permitted facility's physical address
- Box E.** Please provide the Utah Used Oil Permit Number which may be found on your used oil permit (e.g., UOP-123-97)
- Box F.** Please provide the permitted facility's site-specific federal EPA ID Number (e.g., UTR00056789)
- Box G.** Please provide the phone number of the current company contact
- Box H.** Please provide the Fax number of the current company contact
- Box I.** Please provide the e-mail address of the current company contact

Part II. Used Oil Information

Section A. Operational Status

R315-15-13.6(b)(4) the Used Oil Management Rules requires that the owner or operator of the facility shall notify the Executive Secretary in writing of any changes in the information submitted in the approved permit application within 20 days of the changes.

Please check the **"yes"** or **"no"** box to indicate if there have been any changes in your current approved permit and provide a written detailed description of all changes. Examples of changes that must be reported include whether or not your facility is operational or closed, any changes in company name or ownership, any changes in the facility location, mailing address, individual contacts, phone/fax numbers, e-mail addresses, or modifications to the approved list of equipment or process operations.

Section B. Volume of Used Oil Handled During the Reporting Year

These volumes should be based upon manifests or other accurate inventory method.

Line 1. Please list the total volume of off-specification used oil that your facility acquired from **off-site sources** as documented on incoming manifests.

Line 2. Please list the total volume of off-specification used oil generated from **on-site sources** as documented on manifests or other company records.

Line 3. Please list the total volume of off-specification used oil that was burned by your facility, based upon estimated consumption, or more accurate method if available.

Line 4. Please list the average daily volume of off-specification used oil burned by your facility during the reporting year (assume 220 operating days during the reporting year).

Part III. General Liability Insurance Information

Box A. Please provide a current ACORD form, or equivalent information, from your insurance broker/agent **OR** complete the information in **Boxes B through I** if no ACORD is provided.

If no ACORD is provided, please complete the following Boxes B through I.

Box B. Please provide the name of the insurance company listed on the policy.

Box C. Please provide the mailing address of the insurance company.

Box D. Please provide the name of the insurance broker/agent.

Box E. Please provide the phone number of the insurance broker/agent.

Box F. Please provide the coverage types and amounts of the insurance policy.

Box G. Please provide the insurance policy number.

Box H. Please provide the effective date of the insurance policy.

Box I. Please provide the expiration date of the insurance policy.

Part IV. Environmental Pollution Liability Insurance for Third-Party Damages

Box A. Please provide a current ACORD form, or equivalent, from your insurance broker/agent **OR** complete the information in **Boxes B, C.1 through C.7** if no ACORD is provided.

Box B. Used oil off-specification burners are required to have sudden insurance coverage. If used oil storage tanks are not elevated above the ground surface, (i.e., tanks sit directly on concrete and are not raised so that visible inspections cannot be performed under the tanks to determine if any leaks are occurring) then non-sudden insurance coverage is also required. Some insurance companies may require combined sudden and non-sudden coverage. Please indicate coverage type and amounts.

Box C.1 Please provide the name of the insurance company.

Box C.2. Please provide the mailing address of the insurance company.

Box C.3. Please provide the name of the insurance broker /agent.

Box C.4. Please provide the phone number of the insurance broker/agent.

Box C.5. Please provide the insurance policy number.

Box C.6. Please provide the policy effective date.

Box C.7. Please provide the policy expiration date.

Part V. Financial Assurance Information for Cleanup and Closure Costs

Section A. Type of Financial Assurance Mechanism

Financial assurance is required for Used Oil Off-specification Burners. A Standby Trust Agreement is also required with a Letter of Credit, a Payment Bond, and an Insurance Policy. Please check the box representing the type of financial assurance mechanism in place for your facility, provide the financial instrument control number (this is a unique identifying number for the document), and the present value of the instrument.

Section B. Closure Cost Estimate Adjustment

Clean up and closure cost estimates must be updated annually. They may be adjusted by using an inflation factor or by recalculating the maximum costs of cleaning and closing the facility in current dollars. Select ONE of the methods of cost estimate adjustment below.

Method 1- Inflation Factor Adjustment. This method for adjusting the closure cost estimate due to inflation may only be used when a Division approved closure cost estimate exists **and no changes have occurred** in the facility operation that would necessitate a modification to the closure plan and hence, the approved permit. Multiply last year's adjusted Closure Cost Estimate

by the published 2006 inflation factor of 1.025 to determine the new Total Closure Cost adjusted for inflation. Please call the Division's Used Oil Program if you are not sure what figure to use for last year's closure cost estimate.

Method 2 - Recalculated Engineering Closure Cost Estimate. This method may be used to recalculate the total clean up and closure costs when the extent and manner of the operation has changed such that clean up and closure would have changed (increased or decreased). Either a third party estimate/price quote or a Utah-certified professional engineer's clean up engineering estimate **must** be provided for each item in the approved permit closure plan, including all changes to the facility. Third party costs of all materials and labor must be included in the estimate. This method requires detailed information to be submitted to the Division as a permit modification and approval is required by the Executive Secretary of the Solid and Hazardous Waste Control Board.

Section C. Financial Assurance Closure Cost Summary

Please fill in the instrument value from Part V, Section A above, and the total closure cost from either Method 1 or Method 2 in Section B above and subtract the closure cost from the instrument value. If the total closure cost is greater than the instrument value, resulting in a negative number as the difference, then the instrument value is under-funded by that amount and must be increased to equal or exceed the total closure cost. A written notice from the issuer of the financial mechanism documenting the necessary increase in the instrument value must be submitted to Dennis Downs, Executive Secretary, Utah Solid and Hazardous Waste Control Board, P.O. Box 144880, Salt Lake City, Utah, 84114-4880 **no later than March 1st.** To avoid possible administrative fees assessed by the issuer for modifying your financial mechanism on an annual basis, the Division recommends that you consider increasing the instrument value to allow for several years of inflation.

Part VI. Certification

The company owner, or designated representative, must complete this section, sign and date it, and mail to Used Oil Program, Division of Solid and Hazardous Waste, P.O. Box 144880, Salt Lake City, Utah, 84114-4880 **no later than March 1st,** to avoid possible administrative penalties.



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for the previous calendar year's used oil activities.
Separate forms must be used by **Transporter/Transfer** facilities and **Processors/Re-refiners**

Please read attached instructions before completing all applicable sections of the report.
If you have questions about how to complete this report,
call the Used Oil Program, (801) 538-6170

Reporting year: **2008**

I. GENERAL INFORMATION (Please verify and update the information on your approved used oil permit)	
A. Company Name	E. Utah Used Oil Permit Number: (Ex: UOP-123-97)
B. Contact Name and Title	F. Federal EPA ID Number: (Ex: UTR000056789)
C. Company Mailing Address	G. Contact Phone Number
	H. Contact FAX Number
D. Permitted Facility's Physical Address	I. Contact E-mail Address

II. USED OIL INFORMATION (Please verify your approved permit, and document all changes in information, operations, or equipment)
A. OPERATIONAL STATUS (Reference: R315-15-13.6(b)(4), Utah Administrative Code states "The owner or operator of the facility shall notify the Executive Secretary in writing of any changes in the information submitted to apply for a permit <u>within 20 days of the change.</u> ") Have there been any changes in your operations as compared to your current approved permit? Please see instructions for examples of possible changes that should be documented below. No _____ Yes _____ If yes, describe the changes below (or attach a separate sheet), <u>Description of Changes:</u>

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B. VOLUME OF USED OIL HANDLED DURING THE REPORTING YEAR (Based on manifests or other accurate inventory method)	
Gallons	
1. Total volume of off-specification used oil acquired from off-site sources (documented on incoming manifests)	
2. Total volume of off-specification used oil generated from on-site sources (documented on manifests or other company records)	
3. Total volume of off-specification used oil burned (based on estimated consumption or more accurate method if available)	
4. Average daily volume of off-specification used oil burned during reporting year (Assume 220 operating days during the reporting year)	
III. GENERAL LIABILITY INSURANCE INFORMATION (Required for all non- governmental entities)	
A. Attach a current ACORD form or equivalent (available from insurance broker) OR provide the information below: <div style="text-align: center;">ACORD or equivalent attached: YES [] or No []</div>	
B. Name of Insurance Company on Policy	D. Name of Insurance Broker/Agent
C. Physical Address of Insurance Company	E. Phone Number of Insurance Broker/Agent
F. Coverage Types and Amounts	
G. Policy Number	
H. Effective Date	I. Expiration Date
IV. ENVIRONMENTAL POLLUTION LIABILITY INSURANCE FOR THIRD-PARTY DAMAGES (REQUIRED FOR ALL NON-GOVERNMENTAL ENTITIES) (OFF-SPECIFICATION BURNERS may need both sudden and non-sudden coverage)	
A. Please attach a current ACORD form or the equivalent, OR provide the following information about the company providing your environmental pollution liability insurance: ACORD or equivalent attached: YES [] or No []	
B. Please check and complete coverage types and amounts: (Ex. \$1mil/\$2mil, or greater) <div style="margin-bottom: 10px;"> <input type="checkbox"/> Sudden Occurrence Maximum: \$ _____ Annual Aggregate: \$ _____ </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Non-sudden Occurrence Maximum: \$ _____ Annual Aggregate: \$ _____ </div> <div> OR <input type="checkbox"/> Combined sudden and non-sudden Occurrence Maximum: \$ _____ Annual Aggregate: \$ _____ </div>	C. INSURANCE INFORMATION <div style="margin-bottom: 10px;">1. Name of Insurance Company</div> <div style="margin-bottom: 10px;">2. Mailing Address</div> <div style="margin-bottom: 10px;">3. Name of Insurance Broker/Agent</div> <div style="margin-bottom: 10px;">4. Phone Number of Insurance Broker/Agent</div> <div style="margin-bottom: 10px;">5. Policy Number</div> <div style="margin-bottom: 10px;">6. Effective Date</div> <div>7. Expiration Date</div>

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V. FINANCIAL ASSURANCE INFORMATION FOR CLEANUP AND CLOSURE COSTS

A. Type of financial assurance mechanism (check only one):

☐ Letter of Credit* ☐ Payment Bond* ☐ Insurance Policy* ☐ Trust Fund Agreement

* Indicates mechanisms that require use of a Standby Trust Fund Agreement

Financial Instrument Control No.(unique identifying number of document): _____

Dollar amount of financial assurance provided by this financial instrument: \$ _____
INSTRUMENT VALUE

B. Closure Cost Estimate Adjustment:

(Please read instructions thoroughly before checking and completing either Method 1 or Method 2 below, then proceed to Section C.)

☐ Method 1. Inflation Factor Adjustment

\$ _____ x 1.0239 = \$ _____
Last Year's 2007 Inflation Factor
Closure Cost Estimate for use during 2008 Reporting year
(Call the Used Oil Program if you are not sure what number to use) TOTAL CLOSURE COST
Adjusted for Inflation

☐ Method 2. Recalculated Engineering Closure Cost Estimate

RECALCULATED ENGINEERING CLOSURE COST ESTIMATE: \$ _____
TOTAL CLOSURE COST

Note: This method requires detailed information to be submitted and approved by the Executive Secretary of the Solid and Hazardous Waste Board. Any changes in the facility or process requires a permit modification to be submitted to the Executive Secretary for review and approval.

C. Financial Assurance Closure Cost Summary

\$ _____ - \$ _____ = \$ _____
INSTRUMENT VALUE TOTAL CLOSURE COST DIFFERENCE
(Section A above) (Result of Section B. Method 1 or 2)

*If the difference is a NEGATIVE number, the instrument value is under-funded and needs to be increased to equal or exceed the newly calculated Total Closure Cost. A written notice of the increase is required no later than March 1st from the issuer of the financial mechanism to the Division.

VI. CERTIFICATION

The Company owner or his/her designated representative must sign this form.

I certify under penalty of law that this report and all attachments were prepared by me or under my direction or supervision. The information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.

Name _____ Title _____

Signature _____ Date _____